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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769253 (6)
1. Corporation Name
THE SOUTHWEST FLORIDA CHAPTER, THE MILITARY ORDE R OF THE WORLD WARS, INC.

Principal Place of Business		Mailing Address	
20770 STARDUST DRIVE - S.E. BONITA SPRINGS FL 33923 1951 RIALTO WY ALVA FL 33920		20770 STARDUST DRIVE - S.E. BONITA SPRINGS FL 33923 1951 RIALTO WY ALVA FL 33920	
2. Principal Place of Business	2a. Mailing Address	DO NOT WRITE IN THIS SPACE	
21 1951 RIALTO WY	26 1951 RIALTO WY	3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/07/1983	02/14/1994
22	27	4. FEI Number	Applied For
City & State	City & State	59-1891009	Not Applicable
23 ALVA FL	28 ALVA FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33920	25 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HORNADAY, WM. T. 26770 STARDUST DRIVE SE BONITA SPRINGS FL 33923		81 Name Samuel P. NIXON 82 Street Address (P.O. Box Number is Not Acceptable) 1951 RIALTO WY 83 84 City ALVA FL 85 Zip Code 33920	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Samuel P. Nixon* Samuel P. Nixon 21 Mar '95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, SAM MAJOR	1.2 NAME	
STREET ADDRESS	1951 RIALTO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	
TITLE	JAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKMAN, LTC. STAN	2.2 NAME	
STREET ADDRESS	1120 LINCOLN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNADAY, COL WM T.	3.2 NAME	
STREET ADDRESS	26770 STARDUST DR, SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUTTLE, LTC. HUGH	4.2 NAME	D SUTTLE, LTC HUGH
STREET ADDRESS	6063 TIMBERWOOD CIR, UNIT 303	4.3 STREET ADDRESS	6063 TIMBERWOOD CIR #303
CITY-ST-ZIP	FT MYERS FL 33908	4.4 CITY-ST-ZIP	FT MYERS FL 33908
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel P. Nixon* 21 March 1995 813-728-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone